



UNITED STATES SENATOR BARACK OBAMA

PRIVACY ACT RELEASE FORM

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Barack Obama to access any and all of my records that is relative to the problem stated below.

Signature: _____ Date: _____

To begin processing your case, please complete the following information:

Name: Mr. Mrs. Ms. _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Place of Work: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Alien Registration Number: _____ Section 8#: _____

FEIN or tax payer ID number: _____ (attach Form 8821)

Branch Service: _____ Military ID/VA#: _____

Briefly explain your problem in detail (Tell us how you would like our office to help. Feel free to use the other side of this form if you need more space.)

PLEASE RETURN YOUR COMPLETED FORM TO ONE OF SEN. OBAMA'S STATE OFFICES:

230 S. Dearborn St., Ste. 3900 607 E. Adams St 701 N. Court Street 1911 52nd Avenue
Chicago, IL 60604 Springfield, IL 62703 Marion, IL 62959 Moline, Illinois 61265
(312) 886-3514 – FX (217) 492-5099 – FX (618) 997-2850 – FX (309)736-1233 – FX

Please check this box if you would like to receive email updates and/or mailings from U.S. Senator Obama's office